# **APPLICATION DATA SHEET**

#### **Application Information**

Application Number:: Not Yet Assigned

Filing Date:: July 14, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: Decorative Fountain

Attorney Docket Number:: 33144-190920

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: Figs. 1-4

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

#### **Applicant Information**

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

Taiwanese

Country::

Taiwan, R.O.C.

Status::

**Full Capacity** 

Given Name::

Chung-Kuei

Middle Name::

Family Name::

LIN

Name Suffix::

City of Residence::

**Hsinchuang City** 

State or Province of Residence::

Taipei Hsien

Country of Residence::

Taiwan

**Street of Mailing Address::** 

6F-4, No. 1, Wuchuan 1st Road, Wuku Industrial

District

City of Mailing Address::

**Hsinchuang City** 

State or Province of Mailing

Address::

Taipei Hsien

**Country of Mailing Address::** 

Postal or Zip Code of Mailing

Address::

Taiwan

### **Correspondence Information**

**Correspondence Customer** 

26694

Number::

(202) 962-4800

Phone Number:: Fax Number::

(202) 962-8300

E-Mail Address::

fchao@venable.com

## Representative Information

**Representative Customer** 

26694

Number::

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
N/A	Continuation of	•	
	Continuation of		
	Continuation of		
	Continuation of		

# **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
N/A			

#### **Assignee Information**

Assignee Name::

**Street of Mailing Address::** 

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::

DCDocs2/470672